

Hearn Care Homes Limited

Edward House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We inspected the service on 11 June 2015. The inspection was unannounced. Edward House provides care and support for up to 34 older adults, including people living with dementia. On the day of our inspection 28 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected by systems designed to keep them safe from harm and people felt safe. Medicines were managed safely and there were enough skilled and qualified staff to provide care and support to people.

People were supported by staff who had the knowledge and training to provide safe and appropriate care and support.

Summary of findings

People were supported to make decisions and where people lacked the capacity to make certain decisions there were systems in place to protect them under the Mental Capacity Act 2005. People did not have unnecessary restrictions placed upon them.

People were supported to maintain their nutrition and other health needs and referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and compassionate when supporting people.

People were involved in planning their care and knew who to speak with if they had any concerns.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it and the staffing levels were increased when needed.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and staff knew how people preferred to be cared for.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to continue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well led.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement.

Good



Edward House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 11 June 2015. This was an unannounced inspection. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with nine people who used the service, six relatives, four members of care staff, the cook the registered manager and the operations manager. We observed care and support in communal areas. We looked at the care records of five people who used the service, medicine administration records and staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would speak up. One person said, “It is good and safe to stay here, it is a lovely place.” Another person said, “I am safe, couldn’t be better for me.” Relatives also felt their relations were safe and one said, “[Relation] is safe because of the help and assistance given.”

People could be assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service.

Risks to individuals were recognised and assessed and guidance was available to staff to inform them how to manage the risks. For example where people needed support and equipment to move around the service there were detailed risk assessments in place guiding staff how to do this safely. We observed staff putting this into practice and saw they used the equipment safely and in line with the risk assessments. Staff told us they had systems in place to reduce the risk of falls but they also enabled people to not have their movements restricted in the service. They also told us they had received training in how to respond if there was a fire and safe moving and handling procedures.

We saw that where people had a history of falls this had been assessed on admission and risk assessments put into place to minimise the risk of further falls. If a person had a fall whilst living in the service a referral was made to the falls prevention team and guidance sought on minimising the risk of falls. The manager told us that the service had a good relationship with the local falls prevention team and that anyone at risk of falls attended weekly exercise

sessions with the team. Two relatives commented that their relations’ mobility had improved since moving into the service. One relative said, “[Relation] is fitter and more mobile than before.”

We saw that the manager completed audits on any falls in order to assess if there were any trends that needed to be addressed. The manager told us that reports of accidents and incidents were logged on the providers online system and these were reviewed by the head office to assess if there were any trends in order to identify and make improvements to the support people received.

Some people who used the service and relatives commented they felt there needed to be more staff on at peak times. We saw the manager had carried out a recent satisfaction survey and this had identified the shortfall and the manager and provider had agreed that staffing levels should be increased and the recruitment was in progress. A visiting health professional told us there was always a member of staff available to support the person they were visiting and said staff had the time to take the person to their bedroom to ensure they had privacy.

Staff we spoke with told us they felt there were usually enough staff although one commented they could be a little ‘stretched’ at times. The manager told us that if she felt more staff were needed then the provider supported this. We saw this was evident with the agreement from the provider to recruit additional staff following the results of the satisfaction survey.

People relied on staff to administer their medicines to them and we saw this was being done safely. We observed a member of staff administering medicines to people and saw they followed safe practices and ensured each person took their medicines.

Staff received training in the safe handling and administration of medicines and had their competency assessed by the manager. The manager was carrying out regular audits of medicines and we saw that when issues were identified she took the appropriate action to address them.

Is the service effective?

Our findings

People told us staff supported them appropriately with their care. One person said, “They are very good, you only have to ask and they do it.” Another said, “It’s very good here, the staff talk to you, they don’t neglect you.” Relatives also commented positively on the care with one saying, “The care home informs relatives if anything happens. The care is wonderful and fine.”

People were supported by staff who had the knowledge and skills to support them. Staff we spoke with told us they had regular updates of training they needed to inform them on how to do their job safely. One staff member told us, “We have a lot of courses throughout the year.” One member of staff who had started working at the service recently told us they had been given a good induction to the home and had shadowed an experienced member of staff during the first few weeks. They told us they had been made aware of the policies and procedures in the home and had been given time to become familiar with people’s care plans so they would be able to provide them with appropriate support.

We saw all staff had received an induction when they first started working in the service and this had included a range of training which staff needed to complete prior to delivering care and support to people. The provider had their own trainer within the organisation and they were in the process of introducing the new care certificate induction for new staff. The care certificate induction is regarded as the best practice for inducting new staff in health and social care. Staff were given regular supervision to discuss how they were working and any training needs they had.

People felt they were supported to make decisions about their care and support and the manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). There were care plans in place detailing how much support people needed with decisions and where there was a lack of capacity to make some decisions the manager had recorded what decisions the person was able to make for themselves. For decisions the person was not able to make due to capacity, the manager had carried out a detailed capacity and best interest’s assessment. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability.

People did not have unnecessary restrictions placed upon them. The manager displayed a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and we saw she had made applications where it was felt people may be having restrictions placed upon them. Staff also had an understanding of this and how it applied in practice. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People were supported to eat and drink enough to help keep them healthy. People told us they enjoyed the food and that they had fresh fruit and vegetables. We observed the lunch time meal the meal looked appetising and nutritious and people we spoke with during lunch told us they enjoyed the meal. One person said, “I always do enjoy it. The food is lovely.” Another person said, “Couldn’t be better if you were in your own home.” One relative told us, “I have had food here, it is lovely and it is nicely presented.” We observed the cook trying to tempt one person with a variety of options when they didn’t eat their meal. We saw there were drinks available for people to help themselves to throughout the day and drinks were offered to people regularly.

One person required a special diet and this was provided to them and they were supported by staff to eat this. We spoke with the cook and they were aware of who was on a special diet, such as a soft diet and they were aware of who needed to have extra calories put into their food due to a risk of weight loss. People were weighed regularly by staff and any concerning weight change was reported to the person’s doctor.

One person who had been losing weight had been referred to their doctor who had prescribed them with nutritional drinks. The person did not like these and refused them, so the cook told us they added high calorie food to the person’s meals to try and support them to maintain their weight. The manager was keeping the person’s doctor up to date with any weight loss and changes to the person’s health.

People’s health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to and that chiropodists and opticians visited them at the service, and records we saw confirmed this. One person told us they had been

Is the service effective?

poorly recently and said, “They (staff) were very good and looked after me well.” Three relatives told us their relations’ health and wellbeing had improved since moving into the service.

We saw from care records that staff sought advice from a range of external professionals such as occupational therapists, the district nursing team and the falls prevention team to support people with their health care. Staff told us they were able to contact people’s doctors when they needed guidance or advice. We received feedback from a visiting district nurse who told us that staff always called them when there were concerns about a person’s skin integrity and the staff always followed the advice and recommendations given.

Where people were at risk of or had developed a pressure ulcer staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. The relative of one person who was at risk of developing a pressure ulcer told us, “[Relation] is really comfortable. They (staff) turn as indicated in the chart and sign it. The District Nurse visits. It is a marvellous place.”

We saw from the care records of two people who had a risk of developing a pressure ulcer that there was a plan in place informing staff how to minimise the risk of an ulcer developing. We saw staff followed advice from the visiting district nurses such as supporting people with repositioning as detailed in their care plans.

Is the service caring?

Our findings

People told us that staff were caring and kind and that they felt very comfortable with the staff. One person told us, "Staff are polite and nice carers." Another said, "This is an exceptional place and people working here are exceptional." A third person said, "The staff are good because they enjoy it here." One relative told us, "The staff are caring and loving."

We saw a relative had completed a recent survey in the service and had written, "Staff at Edward House should be rated as excellent. All staff have such a kind, considerate and caring attitude towards the residents." We sought feedback from a visiting district nurse and they told us they were in the service regularly and had always observed staff being kind and caring.

Our observations supported what people told us. We saw staff were kind and patient when they were supporting people. People were treated with kindness and compassion by staff. We heard staff speaking to people in a kind tone of voice.

We saw staff were patient and compassionate when supporting people. For example, we observed staff supporting people to use a hoist and they took their time with this and moved the person gently, paying attention to what they were doing. They spoke with the person and gave support and reassurance. We saw a staff member noticed that the sun was on one person's face and asked them if they would like the curtains closing.

People were supported by staff who knew their needs and preferences. A visiting professional told us staff knew the needs of people and were able to give updates on any changes. We saw there was extensive detail about people's likes and dislikes in their care plans. This gave staff useful information on each person's life and what they had achieved. Staff we spoke with knew the needs of the people they supported.

We saw people were supported to have their friends and relations visit and there was an area for people and their relatives to make a drink and sit and talk. We saw people used this on the day of our visit. The manager told us relatives were encouraged to have Sunday lunch with their relations and said this was important as this is what people would have done in their own homes.

We saw there were detailed plans in place to inform staff what was important to the individuals in relation to their care and support. There were also communication plans in place which told staff how to recognise when a person who did not communicate well verbally might need support.

We observed people being given choices throughout the day of our visit. For example a member of staff asked a person discreetly if they would like support to go to the toilet. The person said they didn't and the member of staff respected this and said they would go back later. We saw people were offered a choice of meal and drinks at lunch. When one person refused what was on offer, the cook gave the person other options. The cook gave visual choices to the person so they could be tempted by what was available. There were condiments on the table for people to use if they chose. One person chose to have their own special drink with their meal and we saw staff provided them with this.

We saw the environment was designed to support people living with a dementia related illness to orientate themselves. Bedroom doors were personalised and there was signage around the service so that people would be able to find their way around and recognise their own private space.

The manager told us that there was information available for people if they wished to use an advocate and that although no-one was currently used an advocate these had been used in the past when needed and the manager would support individuals to gain access to an advocate if needed or requested. Advocates are trained professionals who support, enable and empower people to speak up.

People's diverse needs and wishes were assessed when they moved into the service, including their cultural and religious preferences. We saw there were regular church services held in the service for people to attend if they wished.

We observed staff respect people's privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and knocking or bedroom doors and waiting for an answer prior to entering. There were signs on bedroom doors alerting others to the fact personal care was being delivered to ensure people did not enter. There were also 'do not disturb' signs used. We spoke with two members of staff about how they would respect people's privacy and dignity

Is the service caring?

and both showed they knew the appropriate values in relation to this. They explained they gave people privacy when going to the toilet, and when delivering personal care, supporting people to do as much for themselves in private and helping when required.

The manager, some staff and a relative were dignity champions and the champions met as a group. Their role

involved observing practice in the service and challenging any practice which did not match the values in relation to privacy and dignity. The manager told us she was supporting one person to become a dignity champion and they had expressed an interest in becoming the chairperson of the dignity group.

Is the service responsive?

Our findings

People were supported to be involved in their care planning and were involved in a care review with the manager every three months to discuss if they wanted any changes to their care and support.

People's views about how they wished to be supported were recognised and acted on. We spoke with staff and they knew the preferences of people they were supporting and we saw this information was recorded in people's care records and informed staff how individuals liked to be supported.

People told us about activities they got involved in including, games and trips out into the community. There were also activities designed to meet the needs of people living with a dementia related illness. Although some people and their relatives said there were visiting entertainers and events in the service they felt there could be more day to day activities, the manager had recognised this and was in the process of recruiting more staff.

There was an activity organiser employed in the service three days a week. We saw people had been asked if they would like to enrol for a 12 week watercolour art class and a number of people had enrolled. We saw their certificates and artwork were displayed in the service and people were proud of the work they had done. One person had always followed a particular hobby and was being supported to attend an external venue regularly as they had done prior to moving into the service.

There were also plans for an art exhibition for people to get involved in and a visiting artist was going to be visiting the service to support people with their creative interests. We saw there were regular events in the service such as exercise and motivation classes and people were supported to celebrate events such as VE day and birthdays. There had also been a disco and some people belonged to a knitting club and knitted for a local charity. We saw the environment was designed to provide stimulation to people who lived with a dementia related illness, with items of a sensory nature and pictures which would be familiar to people.

People felt they could speak with staff and tell them if they were unhappy with the service. People were asked if they had any concerns at regular meetings held in the service and people were reminded what to do if they did have any concerns.

People could be assured their concerns or complaints would be responded to. There was a procedure for people to follow should a concern or complaint be raised. Staff we spoke with knew how to respond to any concerns or complaints if they arose and report them immediately to the manager. We saw there had been three concerns raised and we saw these had been investigated and resolved with the people raising the complaint. The manager completed audits of the complaints received to look at any trends in concerns raised.

Is the service well-led?

Our findings

People's opinion mattered to the manager and we saw she had asked people if they would like to be involved in the interviewing of staff prior to them being appointed. We saw records which showed people had been involved in interviewing applicants and were actively involved in the decision making process of whether applicants were suitable to work in the service.

The provider had other services and the manager told us that all of the managers got together regularly to share experiences and good practice. The manager also enrolled in pilots being tested by the local authority to improve the service such as the falls prevention and stroke awareness pilots, which involved assessing for good practice, making improvements and giving guidance and training to staff. The manager had also participated in an optician initiative, which involved people having a vision passport and a photograph of people's spectacles in individual care plans so that should the glasses be mislaid they can be identified quickly.

We observed people who used the service and staff who worked together to create an open and inclusive atmosphere. One person told us, "It is like a hotel here." Staff and people who used the service spoke openly and warmly to each other. We saw staff supporting each other and working well as a team.

There was a registered manager in post and she understood her role and responsibilities. People were clear about who the manager was and felt they could approach her if they wanted to talk to her. One person told us, "The manager has time." We observed the manager was a visible presence and clearly knew people well and had a positive and caring approach to people and to staff. The manager provided CQC with the required notifications in a timely way to ensure we knew about events in the service in between our visits. Providers are required by law to notify us of certain events in the service.

Staff told us they felt the manager listened to them if they raised any concerns or suggested improvements. The staff told us they could attend staff meetings and these were a

two way conversation with the manager and that they were supported to chair the meetings. They told us they felt supported and could approach the manager, who had a visible presence in the service.

The manager sought the opinion of the staff via an annual survey. We could see that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were organised and efficient. Staff told us there was not a high turnover of staff because staff enjoyed working there. One staff member told us they had worked at the service for ten years. Staff told us the care was good and they were encouraged to take pride in their work. One said, "The staff are friendly and it's a good team." Another said, "Staff work as a team, I like the residents, it's a friendly atmosphere and it's clean."

People who used the service and their relatives were given the opportunity to have a say in what they thought about the quality of the service they received. We looked at the most recent survey completed and the results were very positive with comments such as, "Outstanding care with quality always provided. Highly recommended."

People were also supported to have a say in the way the service was run via regular meetings held in the service. We saw the record of the most recent meeting and saw that people were consulted on changes to menus and future activities. People were asked to make suggestions on what they would like to do and their opinion of the service was sought.

There were systems in place to monitor the quality of the service provided. These included a range of audits completed by the management team in areas such as care planning, the environment and medicines management. Service managers also carried out monthly 'short compliance' visits to assess the quality of the service. These included speaking with people who used the service, observing staff practice, speaking with staff and looking at the environment. We saw that where issues were identified these were followed up at the next visit. For example an unpleasant odour had been noted on one section of flooring. This was replaced and followed up by a service manager to assess the effectiveness at the next visit.